									Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECORD													
Effective October 1, 2003									69651875				
CLAIMS AS FILED - PART I SI									NTITY		OTHE	R THAN	
			7			(Column 2)		TYPE		OF		ENTITY	
TOTAL CLAIMS								RATE	FEE		RATE	FEE	
FOR			NUMBER	NUMBER FILED		NUMBER EXTRA		ASIC FEE	385.00	OF	BASIC FE	770.00	
TOTAL CHARGEABLE CLAIMS			m	minus 20=				X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			minus 3 =		•			X43=		OR	X86=		
мι	JLTIPLE DEPE	NDENT CLAIM F	RESENT					+145=		OR	<u> </u>		
* If the difference in column 1 is I			less than zero, enter "0" in colum			column 2	<u> </u>	OTAL		4	L		
							'	OTAL		JOR			
1	CLAIMS AS AMENDED - PART II (Column 2) (Column 3)							MALL E	ENTITY	OR	OTHER		
	1	CLAIMS	1	. HIGH	ST ER USLY	PRESENT EXTRA		7	ADDI- TIONAL FEE		RATE	ADDI-	
AMENDMENT A		AFTER AMENDMENT		PREVIO			F	RAŢE				TIONAL	
	Total	. 2/	Minus	- 67	) ,		×	\$ 9 <u>=</u> .		OR	_X\$18=	. :	
MEN	Independent	. 7	Minus	*** 14	0	<b>/</b>	×	43=		OR	X86=	17	
¥	FIRST PRESE	ILTIPLE DEPENDENT C		CLAIM		.		· .		;	. •		
							<u> </u>	145=		OR	+290=		
								TOTAL IT. FEE		OR	TOTAL ODIT. FEE		
(Column 1) (Column 2) (Column 3)											·		
MENT B	e e e e e e e e e e e e e e e e e e e	REMAINING		NUMB	ER USLY.	PRESENT EXTRA		4	ADDI- TONAL		RATE	ADDI- TIONAL	
		AFTER AMENDMENT		PREVIO PAID F					FEE		TALE	FEE	
NDN	Total ·	*	Minus	**;		· =	X	5.9⊭		OR	X\$18=		
AMENDI	Independent	*	Minus	***	<u> </u>	=	X4	43=		OR	X86=		
	FIRST PRESE	NTATION OF MU	DUTIPLE DEF	ENDENT	CLAIM	لنال	41	45=			+290=		
La companya da managan							<u> </u>	IOTAL		OR	TOTAL	1 ·	
							ADDI			OR A	DOIT. FEEL		
NTC	·	REMAINING AFTER AFTER		NUMBI PREVIOL PAID F	ER JSLY	PRESENT EXTRA	RA	ίΈ Τ	ADDI- IONAL FEE		RATE"	ADDI- TIONAL FEE	
AMENDMENT	Total		Minus	44		=	XS			OR	X\$18=		
MEN	Independent	*	Minus	***		=	-	3=_		`` <b> </b> -	X86=		
٧	FIRST-PRESENTATION OF MULTIPLE DEPENDENT CLAIM.									OR-		******	
		d in t 40 44			<b>20</b> 1-	2	+14			OR	+290=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ***OTAL ADDIT. FEE  ***OTAL ADDIT. FEE										OR A	TOTAL OUT. FEE		
***	it the "Highest Nut The "Highest Num	mber Previously Pai ber Previously Paid	ud For (N THI) 1 For (Total or	5 SPACE is ( Independen	less than () is the (	i 3, enter "3.". highest number		•	briste pox		•	İ	
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